

**CAL-CARD PROGRAM
REQUEST TO PARTICIPATE**

This request is for participation in the State of California CAL-Card purchase card program by:

(Insert Name of Participating Agency, Participating University, or Participating Subdivision)

The person designated below will serve as the initial point of contact for establishing an account or accounts with U. S. Bank I.M.P.A.C. Government Services (I.M.P.A.C.). At time of account set-up, the names, addresses, and phone numbers of the Agency Program Coordinator, Billing/Dispute Contact, Approving Officials, and Cardholders will need to be provided. State agencies **MUST** have a current Delegation Authority number.

Agency Point of Contact:

(Name of Point of Contact)	(State Agency Only, Delegation Number)
(Agency Name)	
(Mailing Address)	(Physical Address)
(City, State, ZIP)	(Physical Address City, State, Zip)
(Phone)	(Fax)
	(Email address)

U.S. Bank, upon receipt of this Request to Participate, will contact the identified Agency Point of Contact. If the Participant is a state office, officer, department, division, bureau, or commission of the state, an addendum to the contract (DGS MSA 5-00-CC-02), in the form of a Standard Agreement (STD-2), will be required. For cities, counties, and other non-state agencies, U.S. Bank will provide a contract addendum for required signature, which will incorporate the Master Service Agreement (DGS MSA 5-00-CC-02).

(Signature)	(Date)
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This completed form should be forwarded to:

CAL-Card Program
Department of General Services
Procurement Division
P.O. Box 989052
West Sacramento, CA 95798-9052
Fax: (916) 375-4662
Phone: (916) 375-4578

State Use Only
Approved as a Participating
State Agency/Local Agency (circle one)
by DGS. Date: _____
Signature: _____